

# COACH Reference Guide

OCTOBER 2020

This guide identifies practices and techniques to be employed by care teams with participants to establish an authentic healing relationship (AHR). It can be used to track progress in supporting participants to reach their goals. The practices and techniques below are not meant to be performed sequentially, and the timing may vary depending on the participant's unique needs.

The care team has a shared understanding of the following:

# C

## CREATE a care plan

Use domain cards and motivational interviewing to conduct an active conversation with the participant to develop a care plan based on the participant's priorities and identify the steps necessary to achieving short and long-term goals.

- The domains that are long-term goals.
- The domains that may require motivational interviewing.
- Care plan for client to achieve goals, both for the duration of the Camden intervention and beyond.

# O

## OBSERVE the normal routine

Meet the participant where they are; Observe the participant without intervention or judgment and ask open-ended questions to understand how the participant manages their health condition, as well as social issues and barriers; Build on systems the participant already has in place.

- The participant's strengths, level of need, and level of independence for identified domains.
- The situations that are "high stakes" moments for the participant.
- The long-term support strategy identified by the participant.

# A

## ASSUME a coaching style

Choose a coaching style ("I do" "We do", "You do") and model behavior based on the participant's level of independence and social support to better equip them with the skills to promote long-term strategies.

- The participant's level of independence and coaching style to use for identified domains.
- Short-term goals for moving toward independence (moving to "You do") on identified domains.
- Long-term goals for moving toward independence on identified domains.
- Situations that are exception scenarios and do not require coaching.

# C

## CONNECT tasks with vision and priorities

Use reflective, empathic language & open-ended questions to understand what the participant truly wants for themselves beyond being healthy and staying out of the hospital; Reflect on the participant's short-term and broader vision to motivate the participant throughout the intervention and understand how to address 'tug of war' scenarios.

- The participant's goals for the intervention.
- The participant's long-term vision for themselves.

# H

## HIGHLIGHT effort with data

Monitor the participant's progress with care planning domains identified as a result of the care plan; Use progress templates to actively discuss and highlight progress with the participant throughout the intervention. Highlight small wins towards larger goals to continually motivate the participant.

- The domains that are considered 'successes' for the participant.
- Participant progress in each of the identified domains that are priorities.
- Changes in the participant's medical and social status throughout the intervention.
- Appropriate language to use when praising the participant on progress (focus on process, not person).

SEE REVERSE SIDE FOR THE COACH PRACTICE GLOSSARY.

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## CARE PLAN

The care plan starts with the identification of participant priorities, and the client's vision for themselves. With an understanding of this vision and underlying core need(s), the care team develops a clear, realistic plan with the participant for meeting the participant's short-term and long-term health and social needs.

## CARE TEAM

The care team is made up of nurses, community health workers, and social workers.

## CARE PLANNING DOMAINS

Care planning domains are health and social needs that may affect the client, such as transportation, legal issues, and medication support. As part of "creating the care plan," the care team reviews "domain cards" with the participant. This allows participant and providers to have a meaningful discussion around participant priorities, and develop a mutually agreed upon care plan.

## COACHING STYLES

The goal of choosing a coaching style is for the participant to become independent and confident in performing key activities related to their chronic health management and systems navigation (for example, arranging transportation, making an appointment, taking medication, etc). The first step is to

assess the participant's level of independence for a designated task and their overall level of social support, which will determine which of three coaching styles to assume:

- "I DO": The participant cannot perform the task on their own and/or has a limited social support system. The task could also involve a highly bureaucratic system. The care team performs the task and models or for the participant.
- "WE DO": The participant is able to start the task but gets stuck at an intermediary step. There are gaps in the participant's ability to complete the task. The care team performs the task with the participant.
- "YOU DO": The participant is able to complete the task on their own but may lack the confidence necessary to complete the task. The care team observes the participant completing the task to provide positive reinforcement and build confidence in the participant.

NOTE: The ultimate goal is that by the end of the Camden Coalition intervention, the participant will be a "You do" or a "We do" in partnership with the long-term support person, for all tasks that are essential to managing their chronic health condition and social issues/barriers. It may take multiple sessions with the care team for the participant to progress through each of the coaching styles.

The practice glossary defines key concepts and techniques to be employed by care teams. An understanding of these core practices is essential to implementing the COACH model and to establishing an authentic healing relationship (AHR). The practices and techniques are not meant to be performed sequentially, and the timing may vary depending on the participant's unique needs.

## HIGH STAKES MOMENT

A high stakes moment occurs when the care team should not observe the participant's normal routine, but rather intervene and problem-solve for the participant in that particular moment. This moment could be, but is not always, a medical emergency. These moments include an event with a strict deadline, and an event that is unlikely to happen again soon.

An example of a high stakes moment is an exception scenario:

An exception scenario is a high stakes moment that is a medical emergency. In this case, the care team should not coach the participation but rather respond to and validate the participation's expertise. Exception scenarios could also be a potential medical emergency, for example when the participation has a plan to go to the emergency room.

## LONG-TERM SUPPORT SYSTEM/STRATEGY

The long-term support system/strategy is identified by the client as the system/strategy that can support the participant in managing their chronic health condition and social issues/barriers beyond the Camden Coalition's intervention. This could be a formal (primary care physician, recovery sponsor, pharmacist, etc.) or an informal (family member, friend, partner) support person, or a community resource. Ideally, the participant will identify

more than one long-term support person and/or resource.

## MOTIVATIONAL INTERVIEWING

Motivational interviewing is a client-centered, evidence-based method of facilitating behavior change. Motivational interviewing uses empathy, reflective listening, open-ended questions, and a collaborative relationship to inspire motivation to change.

## "TUG OF WAR" SCENARIO

"Tug of war" scenarios occur when the priorities of the frontline staff do not align with that of the participant, or the participant is not making progress in the care planning domains identified as priorities. The frontline staff should continue to highlight small wins or progress that the participant has made thus far in the identified domains.

The COACH reference guide was developed in partnership with PolicyLab, Children's Hospital of Philadelphia.

Last updated: October 2020.

